

**HAMPSHIRE COUNTY COUNCIL****Report**

<b>Committee/Panel:</b>	Health and Wellbeing Board
<b>Date:</b>	4 February 2015
<b>Title:</b>	Positive Partnerships Strategy
<b>Reference:</b>	6479
<b>Report From:</b>	Director of Adult Services

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### **1. Executive Summary**

- 1.1. The purpose of this paper is to seek endorsement from the Health and Wellbeing Board on the final version of the revised strategy (appendix 1) for people with a physical disability, long term neurological condition and/sensory impairment entitled Positive Partnerships.
- 1.2. The Positive Partnerships Strategy has been co-produced by the Adult Services Department in direct partnership with a working group of people who both use services or are eligible to use services. The Strategy is designed around individual people and their needs, not specific conditions. The five NHS CCG leads in Hampshire have endorsed this strategy in partnership with this working group.
- 1.3. Hampshire Adult Services Department has a lead role both in delivery and in enabling the partnerships to work for the ultimate benefit of present and future service users and carers in Hampshire. However it is not the responsibility of any one agency or person to deliver on this strategy but by working together in positive partnerships the vision can be achieved for the benefit of the whole community.

### **2. Contextual information**

- 2.1. The attached strategy outlines the Vision, philosophy and overall objectives of how services for people with a physical disability, long term neurological condition and/sensory impairment will be delivered.

### **3. Future direction**

- 3.1. The health and social care needs of people in Hampshire with a physical, neurological and/or sensory impairment and the outcomes they are seeking will continue to change. The emphasis in the strategy on delivery of personalised support and working in partnership with people who need support and their

families and carers allows for a developmental approach to support being responded in different ways and at different times to by the statutory, voluntary and the independent sectors. The strategy, therefore, has some inbuilt sustainability, however it will be kept under review and updated as required using the under pinning co-production principles.

#### **4. Recommendation**

The Health and Wellbeing Board are requested to:

- 4.1 Endorse the strategy and to receive a further report on the implementation of the strategy in a years time.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	Yes
<b>Maximising well-being:</b>	Yes
<b>Enhancing our quality of place:</b>	Yes

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

The strategy was revised on a coproduction basis with a small working group of people who use or are eligible for our services. In addition two forms of consultation were undertaken firstly a workshop by invitation of 45 key people and secondly followed by a revised strategy sent out to over 120 contacts for a formal consultation over a 3 month period.

It is intended that the impact should be high for people with a disability and that this should be irrespective of their age. It is understood that the approach of Children's Services in respect of people under 18 years of age is in effect identical.

Accurate evidence in respect of need is hard to determine statistically although examples are given in the strategy document. The evidence provided during the consultation is significant in that although everyone's needs are individual, the strapline is universally supported and sums up the potential impact for service users irrespective of particular characteristics -

### **2. Impact on Crime and Disorder:**

2.1. Not applicable

**3. Climate Change:**

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

Not applicable

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Not applicable



# **‘Positive Partnerships’**

**“It’s about having a life,  
not just being alive”**

**A shared strategy for support and care for people with physical, neurological and/or sensory impairments that provides equal opportunity, choice and independence.**

This strategy has been co-produced by The Adult Services Department in direct partnership with a working group of people who both use services or are entitled to use services. The group of five NHS CCG leads in Hampshire has endorsed this strategy in partnership with this working group

It is presented both on behalf of people who use or may be eligible to use services as well as The Department itself with its strategic partners in the NHS.

**August 2014**

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## **A Forward by John Evans OBE**

### **“Reflecting upon 30 Years of Living Independently**

It is hard to believe that on 9 December 2013 it was exactly 30 years since I left Le Court Cheshire home, and said goodbye to my fellow disabled residents to move into my own flat in the community. When I reflect upon this, I feel a deep sense of satisfaction, pride and achievement. This was my personal liberation. It is inspiring to realise that this was also the beginning of independent living in the UK.

I cherish the personal freedom I gained from this change in my life. Since then I have been actively involved in the development of the independent living movement in the UK, locally, nationally and internationally which has been very exciting and rewarding. I am committed to the struggle for equality of opportunity and inclusion.

I wonder if 30 years ago the Officers of Hampshire Social Services responsible for disability services at that time realised the enormity of what they were committing themselves to, funding an individual to live independently in the community. It was a decision that would have far-reaching consequences beyond Hampshire and set the standard for the future of social policy for disabled people in the UK. It would place Hampshire Social Services at the forefront of disability services for many years to come and Hampshire's Independent Living activists in the annals of history. It was Derek Bailey, the Officer in charge of disability services at the time, who had the courage and insight to support our vision and bring independent living into practice. Following his retirement, thankfully his successor Chris Taylor continued to be committed to independent living to ensure its future in Hampshire.

It was something that did not come easy and took many years to develop into an effective blueprint for the liberation and emancipation of disabled people. However, it was worth every minute and every effort of the strife which we had to put into organising and arranging this. I would not look back. I knew independent living was the answer for me as a disabled person in the 1980s. I was proud of it.

Independent living had become a very powerful and empowering way of life for disabled people and was soon to spread far and wide. Project 81, which is what we called the scheme to enable all 3 of us to move into the community proved to be a success. What was interesting was that all 3 of us did it differently, reflecting our unique individual differences.

However, it has not always been an easy ride. When you take control of your life and all the decisions that affect this, it involves a great deal of responsibility and

organisation. It means becoming an employer and taking on all this requires including adhering to employment legislation.

Over the years I have employed in excess of 100 personal assistants which is mind blowing. I must admit I have had all kinds of people and all nationalities. Variety has certainly been the spice of life in my life! I have met some wonderful people a number of whom have become lifelong friends. I think I have become a better person as a result of this experience. I would like to think that I have left an impression on my personal assistants as well.

Now independent living is at the centre of social policy as it has been for almost 10 years. It doesn't matter whether it is called direct payments, personal budgets, private budgets, or self-directed support because the bottom line is that the principles of independent living lie at the heart of all. Looking back over the 30 years I don't think we realised that it would come this far.

Independent living is one of the most important life changing influences in the lives of disabled people. I have seen it transform the lives of many disabled people from being passive recipients on benefits to active citizens and employers living a meaningful and fulfilling life.

Hampshire should be proud of itself for instigating independent living and supporting it from the beginning. Now the rest is all history and we made it.”

John Evans OBE

December 2013

**A Forward by Dr Hugh Freeman and Dr Barbara Rushton  
representing the five Hampshire NHS Clinical Commissioning Groups**

We know that one in three children born today can expect to live to over 100 years presenting a challenge to statutory and other services. We recognise the need to change the way we commission and deliver health and care services for people in Hampshire, to cope with the greater numbers of people and to ensure that services more effectively prevent ill health.

That is why we have committed to “Positive Partnerships”, a joint strategy with Hampshire County Council to redesign services together to meet the needs of local people – young and older, with physical, neurological and / or sensory impairments and to build up their local communities.

We want to support people to stay well and independent, manage their long-term health conditions, and ensure high quality care is there for vulnerable people. We are committed to promoting good emotional wellbeing and mental health for everyone, particularly children and young people as this will contribute significantly to enabling them to live full and rewarding lives. We believe our approach will make it possible for more people with physical and sensory disabilities to live, work and participate in their local community so that everyone has the same opportunities.

We believe our joint commissioning approach will support more integrated arrangements across Health and Social care and the voluntary organisations where services are more personalised and reflect a person’s individual needs. This will deliver better outcomes and help people to live as independently as possible for as long as possible.

Although many people and agencies have helped us develop “Positive Partnerships” we would welcome your views and contributions, so that we can respond to the challenges ahead with the right approach for Hampshire.

Dr Hugh Freeman  
General Practitioner

Dr Barbara Rushton  
General Practitioner

Clinical Chair NHS North Hampshire  
Hampshire Clinical Commissioning Group

Clinical Chair South Eastern  
Clinical Commissioning Group

February 2014

## **‘Positive Partnerships’<sup>1</sup>**

**A shared strategy for support and care for people with physical, neurological and/or sensory impairments that provides equal opportunity, choice and independence.**

### **Introduction**

This strategy has been co-produced with service users, carers, health and voluntary sector partners. Drafted in 2013 and 2014 it is intended to be actively updated and then reviewed by 2019. The strategy is designed around individual people and their needs, not specific conditions.

Hampshire Adult Services Department has a lead role both in delivery and in enabling the partnerships to work for the ultimate benefit of present and future service users and carers in Hampshire. However it is not the responsibility of any one agency or person to deliver on this strategy but by working together in positive partnerships the vision can be achieved for the benefit of the whole community.

### **1. Vision**

- People in Hampshire will be in control of their lives and their futures. Independence and choice are central to this vision.
- People will be valued as individuals with unique life experiences and aspirations both to share and to lead the development of their own support arrangements as much as they chose.
- Services and support will be tailored to the needs of the individual with different services and agencies joining up to meet individuals’ needs and goals.

### **2. Philosophy**

- People will be given the maximum opportunity to make an informed choice of opportunities, support and services
- Individuals will be actively involved in their assessments, planning and decision taking, relating to their needs.
- People will be entitled to the highest attainable quality of service. Services will be sufficiently flexible to be tailored to individual requirements.

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<sup>1</sup> Written and published 2013 to 2014

- Services and support will improve and protect dignity, self respect and individuality.
- Everyone has the same opportunity for service and support, in accordance with their needs, and in the context of what is or can be available.

### **3. Overall objectives**

People with physical, neurological and/or sensory impairments in Hampshire will be able to say -

- “I am able to live safely, independently and with dignity”
- “I am able to have choice and control over my life”
- “I am supported to stay healthy”
- “I am included in my community”
- “I am as economically independent as possible”

### **4. The approach**

- Agencies and people with impairments working together in positive partnerships, taking joint and collective responsibility for the delivery of the whole strategy as well as the specific parts relevant to them.
- Information and Access - All individuals will have access to information and advice in a range of formats and through a variety of methods.
- Involvement and Experience - Individuals will be informed and involved in all decisions and plans about themselves before they are made. People must be invited to the right meetings and be really listened to.
- Person Centred Co-ordinated Approach - Action must focus on improving co-ordination of different services so that they are joined up around the person. A ‘can-do’ approach to problem solving.
- Support Arrangements - Support to be individually tailored. Individuals need to feel personally secure, in control and making their own choices.
- Carers - Carers have equal rights to live their lives as they choose.

### **5. What has been done.**

The previous strategy for Hampshire Adult Services, also called ‘Positive Partnerships’ was published in 1990 and the underlying philosophies are as relevant today as they were then. Much has been achieved by many people and many agencies in the county, for example:

- The Self Operated Care Scheme, which started in Hampshire, has evolved into Direct Payments and is now available to all adults across the country.

- The Commission on Personalisation in Hampshire and the recognition of the importance of tailoring service to individual need, the personalisation agenda and personal budgets allowing choice and control for individuals.
- The expansion of independent living for individuals supported by their peers.
- The commencement of personal health budgets.
- The constant improvement in and advancement of health services and their ability to provide the specialist support and care people may need.
- The increasing recognition of and support to Carers.
- The increasing involvement of people with impairments and their carers in the development of services in both the statutory and voluntary sector.
- The widespread delivery of separate information systems for the public about support and care from both the statutory and voluntary sectors.

## **6. What needs to be considered.**

The health and social care needs of people in Hampshire with a physical, neurological and/or sensory impairment and the outcomes they are seeking. How those needs and outcomes are assessed and responded to by both the statutory, voluntary and independent sectors working in partnership together with service users will deliver health and social care that will determine whether the overall objectives and outcomes as identified by service users can and will be met.

The development of the key partnership between health and social care that will provide care and support that is both integrated and combined to address the whole needs of each individual.

The Care Act 2014 – currently before Parliament, but anticipated to receive Royal Assent during the Spring of 2014 with implementation following in Spring 2015 - is likely to mean some major changes in the way health and social care services are governed and delivered.

From the perspective of people with impairments there is no upper age limit or boundary for services and support as they are living longer and have higher expectations as to the quality of their lives as well as continuing advances in medical science.

The need for support and care when it is recognised by service users and carers therefore is likely to be required at different times, over longer time periods and increased levels of provision due to increased expectations and advances in medical science enabling people to have a better quality of life for longer. As each individual may have different needs at different times, the support and care that is delivered needs to be flexible and personal.

Services both in social care and health continue to be managed and often delivered from a specialist and age group perspective, this is unlikely to change in the short term, but the outcomes of these services need to respect the perspective of the people who receive those services and support.

Current changes in welfare benefits and the introduction of Personal Independence Payments and the impact this may have on people with physical, neurological and/or sensory impairments have yet to reveal their full impact, both for the individual and their immediate family.

Future employment opportunities for people with physical, neurological and/or sensory impairments.

## 7. Indication of Potential Demand

18.4% (196,000) of the total population of Hampshire aged 18 or more have a physical disability and/or long term limiting illness.

The total is predicted to rise to 20.4% (216,000) by 2020.

7.8% of the population (84,000) are aged 18 – 64 have a disability

10.5% of the population (112,000) aged 65+ have a disability

### Blue Badges issued in Hampshire<sup>2</sup>

65,873

Application for a Blue Badge is voluntary but the overall criterion is an inability or severe difficulty in walking.

### Prevalence<sup>3</sup>

Condition	Hampshire prevalence estimate
Strokes – survivors total	22,400
New strokes each year	3,100
Multiple Sclerosis	2,600
Parkinsons Disease	2,600

Motor Neurones Disease	90*
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<sup>2</sup> <http://www3.hants.gov.uk/bluebadge>

<sup>3</sup> Figures sourced from national charitable agency websites

MND is a disease that can have a short span between diagnosis and people dying therefore this figure is an indication only of the number of people diagnosed at any one time. Nationally incidence of new diagnosis is currently seen as 26 per 100,000 people per year. These figures should be seen as a working guide only.

The above data does not indicate age of onset or social or health care need which will vary according to individual situation, but is included as examples to demonstrate overall prevalence of possible disability.

### **Hantsdirect – initial contact**

- Aged 18 – 64 - 11,000 contacts over past 12 months where primary condition was physical disability
- Age 65 – 74 - 6,500 contacts.

However only one client group is recorded in the 65 - 74 age band - older people. It is not unreasonable to assume a very significant proportion of these could be recorded as physical disability was such a code available in this age band.

### **8. What has to be done (goals)**

The following areas have been identified with service users and carers during the course of the co-production of this strategy. This list is not definitive or exclusive but is presented as the highlights.

It should be noted that these areas, in general terms, match with the outcomes identified in the Care Bill. It was identified that positive partnerships need to work together in order that the vision and objectives agreed as important can be achieved. The areas are:

#### 1) The Person

- People able to complain and have a voice
- Feedback before concerns emerge
- Individuals to evaluate success

#### 2) Information

- All together from one source
- Equal access
- Agencies doing it together

### 3) Education

- Education should be about what happens in life after you leave
- Practical and financial planning for life with an impairment
- Schools & Colleges have bespoke information for students on life skills

### 4) Income

- Support required in financial planning
- Receiving what you are entitled to
- Apprenticeships for people with impairments

### 5) Employment

- Support to get to work and have needs met
- Education to support employment
- Apprenticeships for disabled people – HCC to lead by example

### 6) Health

- To work together practically with all social care agencies
- Respect & Dignity and access to best services
- Being timely and aware

### 7) Family & Social Life

- Own life and family
- Satisfying social life
- Support & care outside 9.00 am – 5.00 pm

### 8) Leisure & Sport

- Decreased social isolation
- Encouragement to participate
- Physical activity

### 9) Accommodation

- Suitably housed
- Previously adapted housing to be used again
- Awareness among estate agents

10) Communities

- Networking
- Cultural change
- Transport & the built environment

11) Carers

- Carers needs have not been excluded from the above as in practice they often facilitate much of it and meeting these needs would address many of their individual needs. However it is recognised that The Hampshire Carers Partnership is beginning the process of redrafting a Carers Strategy in light of the Care Bill currently before Parliament and expect to publish in spring 2015.